

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011935

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 1899

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 4 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Leawood	
Length of stay in 1b 4 days		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If outside, give location) 8900 Wenonga	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle LEO Last SPURRIER		4. DATE OF DEATH Month March Day 24 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-30-1893
9. AGE (last birthday) 69		IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) District Manager		10b. KIND OF BUSINESS OR INDUSTRY Arco Company	
11. BIRTHPLACE (City and state or country) Boone, Iowa		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Spurrier		13b. MOTHER'S MAIDEN NAME Alice Bryan	
14. NAME OF HUSBAND OR WIFE Anastasia K. Spurrier		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mrs. Anastasia Spurrier 8900 Wenonga	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: (IMMEDIATE CAUSE (a) Coccarumeteris Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coccarumeteris of Colon. DUE TO (c) [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH 6 months 14 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] Month, Day, Year [REDACTED]		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION [REDACTED] COUNTY [REDACTED] STATE [REDACTED]	
21. I attended the deceased from Nov 19, 1958 to March 24, 1963 and last saw him alive on March 24, 1963 Death occurred at 1:13 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Martin P. Hunter M.D.		22b. ADDRESS 4706 Broadway	
22c. DATE SIGNED 3/25/63		22d. LOCATION (City, town, or county) Kansas City, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-27-63	
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) Kansas City, Missouri	
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar		25. DATE RECD. BY LOCAL REG. 3-25-63	
26. REGISTRAR'S SIGNATURE [Signature]		27. [REDACTED]	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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Dr's Hunter or Ketcham
4706 Broadway

Ne 1-5800

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Hayd L. Dickmore

Licensed Embalmer No. 5120

P. O. Address KC 11, mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.